



May 2019

Social care workers' experiences of supporting the mental health needs of young people with hearing difficulties

Niall Ivory

Follow this and additional works at: <https://arrow.tudublin.ie/jsoc>



Part of the [Other Social and Behavioral Sciences Commons](#)

Recommended Citation

Ivory, Niall (2019) "Social care workers' experiences of supporting the mental health needs of young people with hearing difficulties," *Journal of Social Care*: Vol. 2, Article 5.

Available at: <https://arrow.tudublin.ie/jsoc/vol2/iss1/5>

This Original Research is brought to you for free and open access by the Journals Published Through Arrow at ARROW@TU Dublin. It has been accepted for inclusion in Journal of Social Care by an authorized administrator of ARROW@TU Dublin. For more information, please contact yvonne.desmond@tudublin.ie, arrow.admin@tudublin.ie, brian.widdis@tudublin.ie.



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 3.0 License](#)



Social care workers' experiences of supporting the mental health needs of young people with hearing difficulties

Niall Ivory

This study examines the experiences of social care workers working with deaf young people presenting with mental health issues in a residential setting. A qualitative research methodology was implemented to gather the data. Four participants engaged in semi-structured interviews. The data collected was analysed using thematic analysis. The research findings identified three themes that were relevant to the research aim. The participants described experiencing issues of anxiety, self-harm and suicidal ideation among their clients. The findings acknowledge the significant impact sign language has in mitigating mental health issues and how isolation due to communication issues among the hearing community can negatively impact on young deaf people. The benefits of engaging with the wider Deaf community was highlighted as having positive psychological outcomes. The findings identified the views of workers about how parents, who were not competent in sign language could contribute to negative developmental outcomes, in agreement with existing literature. Organisational challenges were identified, and the findings suggested there were issues in policies and staff training. This indicates that there are opportunities for the organisation and staff to offer greater support to the clients.

Introduction and Literature Review

In Ireland, approximately two hundred babies a year are born with a disabling level of deafness (DeafHear.ie, n.d.). Fellingner, Holzinger, and Pollard (2012) explain that about thirty percent of the deaf population have additional disabilities and propose that if mental health difficulties are not resolved in the early years they can manifest into more significant issues in later life. However, Moran (2013) points out that, in general, there is a lack of funding and inadequate specialist services for children and adolescents in Ireland. A study by Fellingner, Holzinger, Aigner, Beitel, and Fellingner (2015) suggests that the frequency of emotional and behavioural issues among the deaf is between 20% and 50%. This has been found to be twice as high as their hearing peers (Hindley, 2005). Trieschman, Whittaker, and Bendtro's (2010) book *The Other 23 Hours* perfectly encapsulates the obligations and responsibilities of the social care worker. The book discusses how service users may only receive counselling for one hour and points to opportunities for residential social care

workers, within the therapeutic milieu of a person's life space, to help a person cope with challenges to their mental health wellbeing.

Language deprivation

In the literature examining vulnerabilities that the deaf experience that can impact on their mental health, Humphries et al. (2016) adopt a radical view, where they assert that not providing sign language to a deaf child early in their life should be considered child abuse. They contend that when a deaf child does not have language to express him or herself cognitive processing delays can occur. For example, executive function, which is the cognitive processes that help a person plan or inhibit actions (Kassin, Fein, & Markus, 2017) is delayed. This is supported by research that shows when a deaf child grows up with deaf parents and sign language is present in the child's life from birth the child develops cognitive abilities at the same rate as hearing children (Hall, Eigsti, Bortfeld, & Lillo-Martin, 2016). In contrast a lack of language interaction can cause irreversible disorders according to Humphries et al. (2016). In support Gentili and Holwell (2011) contend that upward of ninety percent of deaf children with mental health difficulties have hearing parents, for whom sign language is not their first language. Watson and Gregory's (as cited in Humphries et al., 2016) research about the non-use of cochlear implants of 20,000 deaf children indicated that up to forty seven percent of the children with cochlear implants have stopped using them as they feel they receive no language benefit, although the evidence described by Fellingner et al. (2012) indicates that in the main there are clear psychological benefits. In exploring the link between language, behaviour and attention where language is used to access social cues and internalise norms, Barker et al. (2009) explain deaf children rely on their visual attention. This can put a strain on continual attention, which in turn affects their behaviour. They go on to discuss that there is a higher incidence of behavioural problems among deaf children with hearing parents than their hearing peers.

Behavioural problems at an early age can lead to exclusion through peer rejection and is a strong predictor of behavioural problems in adolescence and adulthood. Significantly Barker et al. (2009) point out that language is needed for internal governance, structuring of attention and to maintain focus. Deficits in these factors can lead to external behavioural issues such as aggression and oppositional defiance and internal issues such as anxiety. Du Feu and Chovaz (2014) state that theory of mind is often discussed in relation to the deaf. Theory of mind involves an awareness of your mental processes and that of others (Santrock,

2014) and is usually achieved when a child is between four and five years of age (Lundy, 2002). Lundy (2002) explains how deafness in young children can prove a barrier in accessing and understanding other people's values and beliefs. Upwards of ninety six percent of deaf children are born to hearing parents and as these children may not master sign language until they are in school this can lead to a delay in developing theory of mind (Lundy, 2002). These deaf children are said to exhibit similar mental states as children of a comparable age with autism (Korkmaz, 2011). Achieving theory of mind later than their hearing peers can lead to the social consequences of isolation and behavioural issues that may have a lasting influence on the child according to Du Feu and Chovaz (2014). The effects of delayed theory of mind can include lower levels of social competence in deaf children compared to their hearing peers and lower cognitive empathy that has consequences for relationship building (Hoffman, Quittner, & Cejas, 2015; Netten et al., 2015).

Attachment and parenting.

Where a child has sensory and functional issues it can be more difficult for parents to interpret the child's needs, in turn leading to parental stress. This can prove problematic as sensitivity can be dependent on the caregiver's ability to interpret the child's needs and impact on the quality of the attachment between child and parent (Du Feu & Chovaz, 2015). Insecure attachment in early childhood can be a predictor of poor emotional regulation and future peer attachment problems. Howe (2006) explains that deaf children with hearing parents are likely to be insecure for two reasons. This can firstly be as a result of a child who feels their needs are unmet and can become distressed increasing their attachment issues. Secondly, this may feed into parental frustration resulting in parental behaviour that has been associated with anxious/avoidant attachment. Disability in itself is not the only risk factor in determining effective attachment, parenting quality has been found to be also significant (Howe, 2006).

Communication is the essential bond between child and parent and when a deaf child is born into a hearing family, there can be communication/ sign language issues between the child and the family. Vaccari and Marschark (1997) assert that hearing mothers of deaf children can be more tense and directive in their communication which impedes the autonomy of the child. Mothers also tend to be less tactile with their children as well as being inconsistent in their interactions. Vaccari and Marschark (1997) found although many parents endeavour to learn sign language, they tend not continue to a sufficiently fluent level limiting

parent-child conversations to concrete rather than expressive content. By extension, this creates a situation where the more social functions of family communications are missed by the child.

Adolescence

The National Suicide Research Foundation (2017) explains that the onset of mental health difficulties peaks during adolescence. In addition to everyday issues that adolescents may face, including thoughts about the future, educational outcomes and the parental relationship, the added dimension of deafness exacerbates the adolescent experience (Zaidman-Zait & Dotan, 2017). Wolters, Knoors, Cillessen, and Verhoeven (2014) explain that in the adolescent world status becomes a concern as this is a measurement of social success among peers. They identify three types of adolescent behaviours: prosocial behaviour, antisocial behaviour and withdrawn behaviours and that these behaviour types are predictive of acceptance and popularity. In a study on deaf adolescent peer relationships (n=345), Wolters et al. (2014) found elevated levels of withdrawn behaviour among deaf adolescents in both mainstream and special schools. This negatively affected peer status and lead to deaf children experiencing victimisation at higher rates than their hearing peers. In contrast, those with close friendships during adolescence experience close emotional support, lower incidences of behavioural issues, increased social competence and better school grades.

Deaf children have been found to underperform in academic achievement in relation to their hearing counterparts, even when accounting for similar non-verbal cognitive similarities (The National Council for Special Education, 2011). Profoundly deaf students develop their vocabulary at half the rate of hearing children and by late adolescence have a reading age of a typical nine year-old hearing child (Fellinger, et al., 2012). Hall-Lande, Eisenberg, Christenson, and Nuemark-Sztainer (2007) found that poor school performance is linked to aggression and emotional disturbance.

Levels of depression are higher in deaf adolescents than in their hearing peers. Also deaf adolescents may experience depression differently as they report more somatic experiences of depression such as low appetite and feeling tired more so than affective experiences of depression. This has consequences for screenings and remedial approaches (Bozzay et al., 2016). Remedial approaches to depression can prove problematic for deaf people. While talk therapies have been found to be effective in reducing occurrences of depression and to be more effective than pharmacological approaches for hearing people, for

a cohort of the deaf for whom expressive language has been delayed, affecting their ability for abstract thought, the positive outcomes of talk therapies are impeded (Glickman, 2009).

Deaf culture

In discussing identity, Bonn (2015) relates the self to cultural identity and argues that adults' bonding to cultural symbols originates from the same primary emotional needs of security and predictability as an infant's attachment behaviours, where cultural bond acts as a secure base for exploration. The symbols associated with a culture over time begin to become a part of an individual's self-concept and how they define themselves. Carter (2015) describes that among the deaf society there some who consider deafness as primarily an auditory deprivation and try to assimilate into the hearing world and some who identify with being Deaf, and identify with a community, a language and culture. Deaf culture consists of Deaf people who do not consider deafness a disability. Instead they view the Deaf as a linguistic minority with a distinct language, shared experiences and history with their own institutions and clubs. Carter (2015) found deaf people who identify with their Deaf identity have higher self-esteem, self-mastery and deeper social integration by being part of an in-group. Carter (2015) also suggests that the high incidence of mental health pathologies among deaf people could be related to identity processes and that for those with strong Deaf identities positive outcomes develop.

The Catholic Institute for Deaf People's Annual Report (2016) explains it is the only deaf school in Ireland with boarding campuses for both boys and girls. The report describes how the boarding campuses provide care for the boarders and supports their social, educational and emotional development, the funding of which comes from the Health Service Executive (HSE). Due to the funding arrangement it is a requirement that only social care staff are hired with a minimum of a QQI Level 7 qualification in social care.

The current literature illustrates the difficulties facing the deaf population and possible pathways to positive mental health for social care professionals. This gives some context to the research question of exploring the experiences of social care workers of mental health issues among young deaf people.

Methodology

There appears to be no literature exploring the experiences of social care workers working with deaf children in relation to mental health issues. To address this gap in the literature this

research was conducted with four social care workers who work in this field. The participants were interviewed individually to ascertain their support needs in order to enable the provision of optimal care for deaf children. The researcher has worked with the participants for several years and has developed a professional relationship. The participants' experience of working with deaf children ranges from four to twenty-three years and all know sign language. The participants work in residential units where deaf service users are weekday boarders. All participants have a minimum QQI Level 7 qualification in social care.

To explore participants' viewpoints and experiences, individual semi-structured interviews were chosen as the most appropriate data collection method. Participants were encouraged to recount their experiences of mental health challenges that they identified for their service users. This approach allows scope for the participant to expand their thoughts in a relatively informal manner and to open additional avenues for developing the schedule in the interviews (Bryman, 2016).

Data analysis

Thematic analysis was used to analyse the data generated from the interviews. The interviews were transcribed within twenty-four hours of conducting the interview. The steps in the thematic analysis that the researcher followed are outlined by Bryman (2016). The material was read through several times and subsequently coded. In condensing the codes, themes were identified in transcripts which were then organised into higher order themes and sub themes. Consequently, the themes were identified in line with the research question. It was important at all stages to examine and compare interviews and theme selections to discern whether the researcher was influencing the development of the concepts and not accurately reflecting the experiences of the participants. To help ensure accurate reflection of participants experience the author employed on the spot member checks which Shenton (2004) explains is when the interviewer recounts what the participants says to them to ensure what they say coincides with their meaning.

Ethical considerations

The researcher acknowledges the ethical considerations of insider research as outlined by Floyd and Arthur (2012), who state that there are deeper ethical and moral implications when the interviewer works with the participants in relation to areas of trust, anonymity, and variances between the professional and researcher role. This was discussed beforehand with

the participants to allay fears and build trust. Floyd and Arthur (2012) advise that the insider researcher must deal with the consequences of the research and continue to work with the participants after the research is completed. The researcher, to ensure the interviewees were fully informed and were comfortable about discussing their experiences, sent the interview schedule to the participants prior to the interview.

Ethical approval was received from the educational institution in which the researcher was completing his studies. While obtaining informed consent the participants were informed on the nature of the study, their right to withdraw from the study at any stage and that the results may be disseminated in various publications. The participants were also informed that, they could stop the interview at any stage if they became uncomfortable or upset and given detail of the counselling service available in the organisation. Participants were made aware, both verbally and in writing, of confidentiality and anonymity issues and were assured that efforts were made to ensure that they were not identified in the research. They were told they were to be identified by pseudonyms in the research but were reminded that due to the small number of staff in the units anonymity could not be guaranteed.

Findings and Discussion

To provide context participants were asked about which mental health issues they had experienced with their service users. Issues of depression, anxiety, suicidal tendencies and self-harm were mentioned. These difficulties are in line with the current literature on mental health difficulties faced by the deaf population. Three main themes were identified in the findings which are communication, parental and organisational issues. The themes relate to the participants' views on mental health in young people and organisational challenges in dealing with service users' mental health difficulties.

Communication

The theme communication relates to participants discussions about communication and isolation, difficulties in accessing services and the value of being a member of a linguistic minority. In relation to communication and isolation, all four participants agreed there was a link between communication, isolation and mental health.

Communication, sign language. Isolation at home. If they live in the country isolation at home, they can't mix with other hearing children, they have no one to play with, no friends at home.

The participants identified the value of being in a residence for service users where they were among peers with whom they could communicate. All participants agreed that living among their peers provided the young people with support. However one participant explained that even being among peers in residential care, some service users still have issues and that some of the service users were excluded socially, were non-interactive and felt isolated, which could lead to mental health issues. The relevance of theory of mind was emphasised and one participant explained how s/he felt the impact of delayed theory of mind was manifesting in what they observed in their service users.

I feel the area of theory of mind is enormous. I just think that for an awful lot of the kids they have no idea that anybody has ever lived before them, ignoring anything else. An awful lot of our kids just really lack that empathy, they lack the ability to be aware from different perspectives.

The participants also discussed issues in accessing mental health services and interpreters. It was identified that access to mental health services was difficult.

If they want to access mental health services, they don't have counsellors and counsellors don't have sign language and they don't have deaf knowledge of a deaf background. That can be problematic, so it is very hard to build a relationship with a counsellor if you are deaf.

One participant discussed the value of being a member of a linguistic minority and noted how beneficial it is for service users to recognise this.

You know it's a shared language, there's a shared culture. They look after their own. They've been through it before at some stage. Everybody is going to question 'Why am I deaf?' you know their self-identity. They have been through it before, so they can help them through it.

Participants' discussions are consistent with the findings of Pourmohamadreza-Tajrishi, Ashori, and Jalilabkenar (2013) who explain deafness when linked with an inability to communicate, accompanies social isolation, peer rejection, anxiety and depression. Similarly,

the identification of issues in mixing with peers links with what has been found by Hindley (2005), who contends that even within a therapeutic milieu among signing peers, some service users, due to their personal challenges including dual diagnosis, will find it difficult to socialise and form meaningful relationships with peers. This concurs with the arguments of Schick, DeVilliers, DeVilliers, and Hoffmeister (2007), who also found that language issues were related to theory of mind and found higher incidences of theory of mind delay in deaf children whose parents were hearing.

Participants described service users' difficulties with access to services and how their experiences differ from their hearing peers as the necessity of having an interpreter poses challenges. Hindley (2005) notes that the communication barriers between the counsellor and service user can determine negative outcomes and that having an interpreter is advisable. Cornes and Napier (2015) outline issues in counselling when using an interpreter, although they acknowledge the necessity of an appropriate interpreter with whom both the counsellor and service user are comfortable. The positive aspect of mixing with peers and how Deaf culture has a positive effect for the service users is in line with what has been found in the current literature. Carter (2015) identifies that self-identity with acceptance of deafness and involvement within the deaf community corresponds with beneficial results in the area of self-esteem. Moreover, this group attachment has positive psychological outcomes. The research findings here suggest that the participants' experience of their service users, in relation to communication issues, both psychological and in practical terms in everyday challenges such as attending counselling, is supported by existing literature

Parents

Parents were identified as an influencing factor in relation to the subject of (1) communication, (2) behavioural issues, (3) the acceptance of a deaf child and (4) parent involvement with the service. Communication between parents and the deaf child was broadly recognised as a concern by the staff when discussing their experiences:

We have parents that would ask can you tell my son that his daddy is getting engaged before he finds out on Facebook, because they can't communicate that to their child and that child is fourteen years of age.

This concurs with the findings of Vaccari and Marschark (1997) who suggest that where parents sign language levels are not adequate or indeed non-existent, this can result in

developmental consequences for the deaf child, that hearing mothers may treat their child differently and in a more disciplinary fashion leading to the child displaying more behavioural issues.

Participants discussed how they felt parents found their deaf children to be more difficult to manage than their hearing children. Participants described feedback from parents who felt their deaf child was more challenging:

I find from the parent feedback that I get that they find a deaf child is more angry, they get more frustrated and they don't know to deal with that

Acceptance of having a deaf child was an issue raised by participants where they identified instances where it took parents years to accept their child as being deaf. It was also found that the deaf child could be treated differently within the family where the child's natural demands for independence were resisted by over protective parents. The difficulties in accepting a deaf child as found in this research are also discussed by Al-Yagon (2015), who explains some parents of children with disabilities who have difficulties in accepting their child has a disability. This in turn influences the quality of care and impacts the child's development.

Parental involvement and the relationship with the service was an issue identified in the findings. Not accepting having a deaf child may, in some part, explain how some parents are reluctant to develop relationships with services. As their child was in residence the communication between the parents and the unit was minimal where parents became less involved in their children's day to day lives.

If there are any mental health problems its grand if you have a good relationship with the parents, then you can talk to them and you can explain to them and you can work together. But some parents you don't have that good relationship with us, so they come back and we don't know what's happened at home and we don't have that connection between home and boarders.

In contrast, and similar to the findings of Hall et al. (2016) one participant recognised that language issues and mental health were not related to children whose parents were deaf.

We have kids who are deaf kids of deaf parents and everybody in their family, grandparents, they're all deaf. They have a strong sense of deaf identity and they don't have any mental health issues I don't think.

Organisational challenges

The third theme identified is that of organisational challenges in supporting the positive mental health of service users. These challenges include issues such as organisational communication between staff as well as communication between staff and the organisation. The findings also identified issues regarding training and key working issues relevant to supporting the mental health needs of young deaf people.

In discussing communication within the organisation regarding policies supporting young deaf people some participants said there were no policies and some participants were aware of policies supporting young deaf people with mental health issues in the service. One participant discussed that due to lack of training s/he informed her/himself.

I have always been interested in young people's mental health. So, I learned a lot through researching that subject and I used that knowledge. I still try to keep myself up to date with the latest trends.

One participant explained how there are changes ongoing within the organisation to tackle mental health issues

I think we are evolving so at the moment it is changing which is good, but we haven't reached where we should be.

These findings suggest that there are challenges experienced by the participants and this affords opportunities for the organisation to support the staff in dealing with children with mental health difficulties. Requirements in relation to the dissemination of information to staff, training, systems in relation to key working and structures are provided for in the *National Standards for Residential Services for Children and Adults with Disabilities* (HIQA, 2013). Thus, it appears that the organisation is facing challenges in relation to awareness of policies, training and communication. The findings suggest staff inclusion, participation in policy matters and identifying gaps in service are not being pursued. Identifying organisational challenges such as staff's unfamiliarity with policies are relevant to the research question as these impact on the social care staff's experience of working the service users. *The National Standards for Residential Services for Children and Adults with Disabilities* (2013) directs that it is the staff's responsibility to be aware of policies and procedures and to adhere to them at all times. This appears to be a challenge for staff and this

in turn could compromise the care provision to the service users as policies, procedures and training inform staff practice and are intended to mitigate challenges that deaf children face while in the service. When issues and gaps in service provision are not identified in conjunction with the staff this can militate against the service users' pathways to wellbeing. In addressing inclusion of families some participants were aware of a strategy in place and some were not, including current changes in the organisation in providing parental supports through parent facilitators. Miscommunication to staff leaves an unfortunate gap where some parents are not informed of these supports available to them which could facilitate better outcomes for their child as some staff are unaware of the service.

Conclusions and Recommendations

The purpose of this research was to examine the experiences of social care staff in relation to mental health difficulties including depression, anxiety, suicidal ideation and self-harm among young deaf service users. Three themes were identified: the role of communication issues in contributing to mental health difficulties; the role of parents and challenges within the organisation in relation to training and awareness of policies regarding supporting young people with mental health difficulties. The main limitation of this study is the small sample size. So, while some insight is provided of the experiences of social care workers practising with deaf service users, it cannot be considered representative of all social care workers practising with deaf service users.

The findings indicate that communication issues including isolation from the hearing world, accessing services when seeking support, and the psychological benefits of associating with the deaf community are areas of note as they can be contributory factors to mental health and welfare issues. Common with other literature the findings also suggest that the participants are keenly aware of the challenges that their service users face both in psychological and in practical terms. In understanding these issues, it places the social care worker in a valued position for effectively advocating on behalf of their service users and being able to respond to the needs and supports of their service users. The social care worker can help the service users integrate with their peers and the wider Deaf community.

Some participants stated that they considered that a number of parents had difficulties in accepting their deaf child and this causes interpersonal difficulties including a poor relationship between the child and parent. Parents' poor levels of sign language are identified as a stressor for deaf children. Communication between parents and the service is found to be

an issue that creates challenges in supporting the deaf child. The service needs to continually address this issue through creative solutions so as to form better relationship with the parents in order to support their child through their difficulties. Emphasising the importance of sign language to parents for their child's developmental welfare needs to be prioritised and supporting them in becoming confident to use it. Staff also need to be made aware of services that the organisation offer.

Moreover, the study identifies challenges for staff within the organisational context. The findings identify inconsistencies in staff's familiarity with policies for mental health for the service users and whether there is sufficient training provided. The issue of the organisation going through changes was discussed among participants in relation to mental health policies, although it appears that staff input is not being pursued. This suggests the organisation needs to utilise the experience and knowledge of their social care staff more as the staff have demonstrated in the findings an in-depth knowledge of the issues and challenges their service users face on a daily basis.

Recommendations

Based on the findings two main recommendations are proposed. The first recommendation relates to training and awareness of policies for staff. Training opportunities in mental health issues in relation to anxiety, self-harm and suicidal ideation would help inform staff on how best to support their service users. When reviewing the organisation's response to mental health policies the experiences of staff and their views should be pursued. A mental health policy day could be arranged for staff to attend which would provide a forum for open discussion on experiences and suggestions when revising policy. Reviewing information and communication systems would ensure that staff are aware of existing policies and services available to the service users within the organisation. Developing opportunities and time for staff could support them in discussing their responsibilities for being aware of organisational policy changes.

The second main recommendation relates to increased involvement of parents in the service. A practical measure could include an outreach programme where staff could visit parents in their homes and discuss any issues that arise at home so a consistent approach can be developed between the parent and the organisation in relation to their child. Sign language between the parents and the child has been found to be developmentally significant. Information regarding the Deaf society and its organisations could be given to the parents in

order to familiarise them with Deaf culture. The organisation could engage parents in efforts to sign with their child possibly through the provision of sign language classes, the distribution of instructional DVDs along with an explanatory note of the significance of sign language for cognitive development of their child.

References

- Al-Yagon, M. (2015). Fathers and mothers of children with Learning disabilities. *Learning Disability Quarterly*, 38(2), 112-128.
- Barker, D., Quittner, A., Fink, N., Eisenberg, L., Tobey, E., & Niparko, J. (2009). Predicting behavior problems in deaf and hearing children: The influences of language, attention, and parent-child communication. *Development and Psychopathology*, 21(2), 373-392.
- Bonn, G. (2015). Primary process emotion, identity, and culture: cultural identification's roots in basic motivation. *Frontiers in Psychology*, 6.
<http://dx.doi.org/10.3389/fpsyg.2015.00218>
- Bozzay, M., O'Leary, K., DeNadis, A., Gryglewicz, K., Romero, G., & Karver, M. (2016). *Adolescent depression: Differential symptom presentations in deaf and hard-of-hearing youth using the patient health questionnaire-9*. Oxford, England: Oxford University Press.
- Bryman, A. (2016). *Social research methods* (5th ed.). Oxford, England: Oxford University Press
- Carter, M. (2015). Deaf identity centrality: Measurement, influences, and outcomes. *Identity*, 15(2), 146-172.
- Catholic Institute for Deaf People (2017) *Annual report*. Retrieved from:
<http://www.cidp.ie/wp-content/uploads/2017/07/Annual-Report-2016.pdf>
- Cornes, A., & Napier, J. (2005). Challenges of mental health interpreting when working with deaf patients. *Australasian Psychiatry*, 13(4), 403-407.
- DeafHear.ie (n.d.) Retrieved from:
<https://www.deafhear.ie/DHFiles/docs/Information%20on%20Deafness.pdf>
- Du Feu, M., & Chovaz, C. (2014). *Mental health and deafness*. Oxford, England: Oxford University Press.
- Fellinger, J., Holzinger, D., & Pollard, R. (2012). Mental health of deaf people. *The Lancet*, 379(9820), 1037-1044.

- Fellinger, M., Holzinger, D., Aigner, M., Beitel, C., & Fellinger, J. (2015). Motor performance and correlates of mental health in children who are deaf or hard of hearing. *Developmental Medicine & Child Neurology*, 57(10), 942-947.
- Floyd, A., & Arthur, L. (2012). Researching from within: External and internal ethical engagement. *International Journal of Research & Method in Education*, 35(2), 171-180.
- Gentili, N., & Holwell, A. (2011). Mental health in children with severe hearing impairment. *Advances in Psychiatric Treatment*, 17(1), 54-62.
- Glickman, N. (2009). Adapting best practices in CBT for deaf and hearing persons with language and learning challenges. *Journal of Psychotherapy Integration*, 19(4), 354-384.
- Hall-Lande, J., Eisenberg, M., Christenson, S., & Nuemark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42(16), 265-286.
- Hall, M., Eigsti, I., Bortfeld, H., & Lillo-Martin, D. (2016). Auditory deprivation does not impair executive function, but language deprivation might: Evidence from a parent-report measure in deaf native signing children. *Journal of Deaf Studies and Deaf Education*, 22(1), 9-21.
- Health Information and Quality Authority (2013). *National standards for residential services for children and adults with disabilities*. Retrieved from:
<https://www.hiqa.ie/system/files/Standards-Disabilities-Children-Adults.pdf>
- Hindley, P. (2005). Mental health problems in deaf children. *Current Paediatrics*, 15(2), 114-119.
- Hoffman, M., Quittner, A., & Cejas, I. (2014). Comparisons of social competence in young children with and without hearing loss: A dynamic systems framework. *Journal of Deaf Studies and Deaf Education*, 20(2), 115-124.
- Howe, T. (2006). Disabled children, parent-child interaction and attachment. *Child and Family Social Work*, 11, 95-106.
- Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D., Padden, C., Rathmann, C., & Smith, S. (2016). Avoiding linguistic neglect of deaf children. *Social Service Review*, 90(4), 589-619.
- Kassin, S. Fein, S., & Markus, H. (2017). *Social psychology* (10th ed.). Boston, MA: Cengage Learning.

- Korkmaz, B. (2011). Theory of mind and neurodevelopmental disorders of childhood. *Paediatric Research*, 69(5), 101-108.
- Lundy, J. (2002). Age and language skills of deaf children in relation to theory of mind *Development. Journal of Deaf Studies* 7(1), 41-55.
- Moran, J. (2013). *Unfinished business: Social policy for social care students in Ireland*. Dublin, Ireland: Orpen Press.
- National Council for Special Education, (2011). *The education of deaf and hard of hearing children in Ireland*. Retrieved from: <http://ncse.ie/wp-content/uploads/2014/09/DeafEducationReport.pdf>
- National Suicide Research Foundation (2017). *Young lives in Ireland: A school-based study of suicide prevention*. Retrieved from: <http://nsrf.ie/wp-content/uploads/reports/NSRF%20SEYLE%20Report.pdf>
- Netten, A., Rieffe, C., Theunissen, S., Soede, W., Dirks, E., Briaire, J., & Frijns, J. (2015). Low empathy in deaf and hard of hearing (pre)adolescents compared to normal hearing controls. *PLoS One*, 10(4). <http://dx.doi.org/10.1371/journal.pone.0124102>
- Pourmohamadadrez-Tajrishi, M., Ashori, M., & Jalilabkenar, S. (2013). The effectiveness of emotional health training on the mental health of male deaf students. *Iranian Journal of Public Health*, 42(10), 1174-1180.
- Santrock, J.W. (2014). *Child development* (14th ed.). New York, NY: McGraw Hill Education.
- Schick, B., DeVilliers, P., DeVilliers, J., & Hoffmeister, R. (2007). Language and theory of mind: A study of deaf children. *Society for Research in Child Development* 78(2), 376-396.
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Trieschman, A. Whittaker, J., & Brendtro, L. (2010) *The Other 23 hours: Child-care with emotionally disturbed children in a therapeutic milieu* (3rd ed.), New York, NY: Transaction Publishers.
- Vaccari, C., & Marschark, M. (1997). Communication between parents and deaf children: implications for social-emotional development. *Journal of Child Psychology and Psychiatry*, 38(7), 793-801.
- Wolters, N., Knoors, H., Cillessen, A., & Verhoeven, L. (2014). Social adjustment of deaf early adolescents at the start of secondary school. *Exceptional Children*, 80(4), 438-453.

Zaidman-Zait, A., & Dotan, A. (2017). Everyday stressors in deaf and hard of hearing adolescents: The role of coping and pragmatics. *The Journal of Deaf Studies and Deaf Education*, 22(3), 257-268.